WASHINGTON STATE DEPARTMENT OF LICENSING

Driver License Examinations Examiner Roster

Driver Training School Program
Department of Licensing
PO Box 435
Olympia, WA 98507
Email: tse@dol.wa.gov

Driving school or school district name_____

Examiner name *(First, Middle Initital, Last)*		Date of birth	Social Security number	Status ☐ Add ☐ Delete
License number	Testing site location	(Area code) Telephone number	Email	
Examiner name		Date of birth	Social Security number	Status ☐ Add ☐ Delete
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Use additional pages if needed.

We are committed to providing equal access to our services.
If you need accommodation, please call (360) 664-6692 or TTY (360) 664-0116.